

D-1 040 (L)

City of Detroit Income Tax  
Individual Return - Part Year Resident

1998

Office Use Only

or Fiscal Year Beginning  1998, Ending

Social Security Number

Spouse's Social Security Number (if filing joint)

Check here if return is for a deceased taxpayer

First Name

MI

Last Name

Spouse's First Name (if filing joint)

MI

Spouse's Last Name (if filing joint)

Home Address (Number and Street or Rural Route)

City or Town

State

Zip Code

A Filing Status:

Exemptions:

Regular 65 or over

Blind

Deaf

Disabled

E Number of dependent children

Single

C Yourself

Married Filing Jointly

D Spouse

B Check if you can be claimed as a dependent on another person's tax return

F Number of other dependents

G Total Number of exemptions. Add lines C, D, E and F

H. Amended return?  1. Is this amended return as a result of a Federal Audit?  J. If Yes, enter the Federal Determination Date

Residency:

Number of Months you were a Resident

Residency Effective Date

Residency Ending Date

Number of Months your spouse was a Resident

Residency Effective Date

Residency Ending Date

INCOME AND ADJUSTMENTS		All Income While Resident of Detroit - Col 1	Detroit Income while a Non-Resident Col 11
1. Total Income from W-2 (Work location: )	1		
2. Other Income (or losses) (from page 2, part 1)	2		
3. Subtotal (add lines 1 and 2)	3		
4. Deductions from Income (from page 2, part 2)	4		
5. Subtotal (line 3 less line 4)	5		
6. Exemption Amount (see instructions for computation)	6		
7. Net income (line 5 less line 6)	7		
8. Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)	8		
9. Less: Loss transferred from column 1 or 11	9		
10. Total Income Subject to Tax (line 7 less line 8 and 9)	10		
11. Tax (multiply line 10 column 1 x .03 (3.0%) / multiply line 10 column 2 x .015 (1.5%))	11		
12. Total tax - Add line 11 column 1 + column 11	12		
13. Credit tax paid to other cities (attach copy of other city returns)	13		
14. Total Tax (line 12 less line 13)	14		
PAYMENTS AND CREDITS			
15. Tax withheld	15		
16. 1998 estimated payments, credits and other payments (see instructions)	16		
17. Detroit tax paid for you by a partnership (from page 2, part 3)	17		
18. Total payments and credits (add lines 15 through 17)	18		
REFUND OR TAX DUE			
19. If line 18 is larger than line 14 enter the amount of Overpayment	19		
20. Amount to be Refunded (if amended see instructions)	20		
21. Amount to be Credited on 1999 Estimated Tax (if amended see instructions)	21		
22. If line 14 is larger than line 18 enter the amount of Tax due: (make check payable to: Treasurer, City of Detroit) ...	22		

# PART 1

## Other Income (or losses)

1. Interest and dividend income from federal 1040 or 1040A \_\_\_\_\_
2. Distributions from tax-option corporations (Losses not deductible) \_\_\_\_\_
3. Net Income (or loss) from estates and trusts (attach federal Schedule K-11, etc.) \_\_\_\_\_
4. Gain (or loss) on sale or exchange of property (attach federal schedule(s)) \_\_\_\_\_
5. Net Income (or loss) from partnership (attach federal Schedule K-11, etc.) \_\_\_\_\_
6. Net Income (loss) from business or profession (attach federal Schedule C) \_\_\_\_\_
7. Net Income (loss) from Rent or Royalties (attach federal Schedule E) \_\_\_\_\_
8. Miscellaneous \_\_\_\_\_
9. Total Other income or (losses) (enter here and on page 1, line 2) \_\_\_\_\_

RESIDENT  
COLUMN I

NON-RESIDENT  
COLUMN 11


## Deductions from Income:

# PART 2

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form) \_\_\_\_\_
2. Moving expense from federal form 3903 (attach federal form) \_\_\_\_\_
3. Individual Retirement Account (IRA) and / or Keogh retirement plan and self-employed SEP deductions.  
(attach federal form 1040, page 1) \_\_\_\_\_
4. Interest on obligations of the United States or subordinate units included on part 1, line 1 \_\_\_\_\_
5. Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1) \_\_\_\_\_  

\_\_\_\_\_ Name
\_\_\_\_\_ Address
\_\_\_\_\_ Social Security Number
6. Penalty for early withdrawal of savings \_\_\_\_\_
7. Net operating loss carryover \_\_\_\_\_
8. Enter total deductions from income here and on page 1, line 4 \_\_\_\_\_


## Detroit tax paid for you by a partnership

# PART 3

Name	Federal Identification Number	Amount
1. _____	_____	_____
2. _____	_____	_____
Total enter on page 1, line 17 _____		

Enter the first name of the dependent children

# PART 4

Enter the names & Social Security Numbers of other dependents

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Signature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
 Taxpayer's Signature      Date      Occupation      (      )      Home Phone      (      )      Work Phone

\_\_\_\_\_  
 Spouse's Signature      Date      Occupation      (      )      Home Phone      (      )      Work Phone

\_\_\_\_\_  
 Signature of preparer other than taxpayer      Date      Address      I.D. number

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 1999 or at the end of the fourth month after the close of your tax year.

Returns With Payments: TREASURER, CITY OF DETROIT  
 P. O. BOX 33530, Detroit, Michigan 48232

Refund and all others: DETROIT CITY INCOME TAX  
 B-3 City - County Bldg., Detroit, Michigan 48226